

GRAND VIEW CARE CENTER INC
620 GRANDVIEW AVE PO BOX 27

BLAIR 54616 Phone: (608) 989-2511

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 98

Total Licensed Bed Capacity (12/31/04): 98

Number of Residents on 12/31/04: 92

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 86

Non-Profit Corporation

Skilled

No

Yes

Yes

86

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		42.4
Supp. Home Care-Personal Care	Yes					1 - 4 Years		41.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.3	More Than 4 Years		16.3
Day Services	No	Mental Illness (Org./Psy)	38.0	65 - 74	4.3			----
Respite Care	Yes	Mental Illness (Other)	4.3	75 - 84	31.5			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	53.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	5.4	95 & Over	7.6	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	2.2		----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	3.3		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	17.4	65 & Over	96.7	-----		
Transportation	Yes	Cerebrovascular	5.4		----	RNs		4.6
Referral Service	Yes	Diabetes	1.1	Gender	%	LPNs		5.1
Other Services	Yes	Respiratory	4.3		----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	18.5	Male	43.5	Aides, & Orderlies		
Mentally Ill	No		----	Female	56.5			52.1
Provide Day Programming for			100.0		----	-----		
Developmentally Disabled	No				100.0	-----		

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	
Int. Skilled Care	4	66.7	162	3	4.3	136	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7
Skilled Care	2	33.3	147	67	95.7	117	0	0.0	0	14	87.5	147	0	0.0	0	0	0.0	0	83
Intermediate	---	---	---	0	0.0	0	0	0.0	0	2	12.5	133	0	0.0	0	0	0.0	0	2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Total	6	100.0		70	100.0		0	0.0		16	100.0		0	0.0		0	0.0	92	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	13.1	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	1.2	Bathing	0.0	80.4	19.6	92
Other Nursing Homes	9.5	Dressing	17.4	57.6	25.0	92
Acute Care Hospitals	59.5	Transferring	51.1	26.1	22.8	92
Psych. Hosp.-MR/DD Facilities	1.2	Toilet Use	43.5	34.8	21.7	92
Rehabilitation Hospitals	1.2	Eating	77.2	18.5	4.3	92
Other Locations	14.3	*****				
Total Number of Admissions	84	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	3.3	Receiving Respiratory Care	13.0	
Private Home/No Home Health	31.1	Occ/Freq. Incontinent of Bladder	53.3	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	1.4	Occ/Freq. Incontinent of Bowel	33.7	Receiving Suctioning	0.0	
Other Nursing Homes	10.8			Receiving Ostomy Care	2.2	
Acute Care Hospitals	4.1	Mobility		Receiving Tube Feeding	1.1	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.1	Receiving Mechanically Altered Diets	22.8	
Rehabilitation Hospitals	0.0					
Other Locations	2.7	Skin Care		Other Resident Characteristics		
Deaths	50.0	With Pressure Sores	4.3	Have Advance Directives	94.6	
Total Number of Discharges		With Rashes	16.3	Medications		
(Including Deaths)	74			Receiving Psychoactive Drugs	54.3	

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 50-99 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87.8	87.4	1.00	85.5	1.03	85.9	1.02	88.8	0.99
Current Residents from In-County	83.7	76.6	1.09	71.5	1.17	75.1	1.11	77.4	1.08
Admissions from In-County, Still Residing	34.5	21.5	1.61	20.7	1.67	20.5	1.69	19.4	1.78
Admissions/Average Daily Census	97.7	125.9	0.78	125.2	0.78	132.0	0.74	146.5	0.67
Discharges/Average Daily Census	86.0	124.5	0.69	123.1	0.70	131.4	0.65	148.0	0.58
Discharges To Private Residence/Average Daily Census	27.9	51.0	0.55	55.7	0.50	61.0	0.46	66.9	0.42
Residents Receiving Skilled Care	97.8	95.2	1.03	95.8	1.02	95.8	1.02	89.9	1.09
Residents Aged 65 and Older	96.7	96.2	1.01	93.1	1.04	93.2	1.04	87.9	1.10
Title 19 (Medicaid) Funded Residents	76.1	69.6	1.09	69.1	1.10	70.0	1.09	66.1	1.15
Private Pay Funded Residents	17.4	21.4	0.81	20.2	0.86	18.5	0.94	20.6	0.85
Developmentally Disabled Residents	0.0	0.4	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	42.4	40.3	1.05	38.6	1.10	36.6	1.16	33.6	1.26
General Medical Service Residents	18.5	17.9	1.03	18.9	0.98	19.7	0.94	21.1	0.88
Impaired ADL (Mean)	40.7	47.6	0.85	46.2	0.88	47.6	0.85	49.4	0.82
Psychological Problems	54.3	57.1	0.95	59.0	0.92	57.1	0.95	57.7	0.94
Nursing Care Required (Mean)	7.5	7.3	1.03	7.0	1.07	7.3	1.02	7.4	1.01